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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Bandra J. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 716515

(2)

FILED
May 05 1998 8:00am
Secretary of State

| RELIGIOUS MINYAN ORGANIZATION, INC. | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|-----------------------------------------|-------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Principal Place of Business Mailing Address | | | | | | T ADDITI TERRET HERE OLISH SHIRK TIDEK DISHI ELEKT SHOTL SHOTL SHOTL SHOTL DISHI ELEKT YORK |
| 1550 NE 168TH ST NORTH MIAMI BEACH FL 33162 1550 NE 168TH ST NORTH MIAMI BEACH FL 33 | | | | 162 | | 3. Date Incorporated or Qualified 05/07/1969 4. FEI Number Applied For |
| F | | | ing Address | | | 23-7098520 Not Applicable 5. Certificate of Status Desired \$8.75 Additional |
| Suite, Apt. | #, etc. | 28 Suite, Apt. #, etc. 27 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| City & State | | City & State | | | 7. Is this nonprofit corporation a homeowners association? Yes \(\) No | |
| Zip 24 | Country Zip C | | 30 Cou | ountry 8. This corporation owes or has pa | | 8. This corporation owes or has paid the current year Intangible |
| | | Current Registered Agent | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| | | | | 81 | Name | |
| | i (Mitchell) : 168th St | | | | Street A | ddress (P.O. Box Number is Not Acceptable) |
| NORTH | MIAMI BEACH FL 33162 | | | 63 | | |
| | | | | B4 | City | FL 85 Zip Code |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | |
| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE | | | | | | |
| | Signature, typed or printed name of registere | | | Agen | ni aignature re | equired when reinstating) DATE |
| 12. | | AND DIRECTORS DELETE | 13. | | · · · · · · · · · · · · · · · · · · · | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| NAME | PD | | | 1.1 TITLE 1.2 NAME | | ☐ Change ☐ Addition |
| STREET ADDRESS | ARKUSH,MITCHELL | | | | | |
| CITY-ST-ZIP | 1550 NE 168 STREET N MIAMI BCH FL | | | | ADDRESS | |
| TITLE | SD SD | ☐ DELETE | | 1.4 CITY-ST-Z 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GOLUSKIN, IRWIN | | 2.2 NA | | | |
| STREET ADORESS | 1551 NE 167-STREET | | P | | ADDRESS . | 280-51ERRA DRIVE Minni, FL-38179 |
| CITY-ST-ZIP | N MAM BOH FL | | 2.400 | | r-zip | minmi, FL. 38179 |
| TITLE | TD | ☐ DELETE | 3.1 TIT | LE | | ☐ Change ☐ Addition |
| NAME | selden, esther | | 3.2 NA | ME | | |
| STREET ADDRESS | 1551 N.E. 167 ST | | 3.3 ST | REET A | NDDRESS | |
| CITY-ST-ZIP | N. MIAMI BEACH FL | December | 3.4. CF | | r-ZIP | |
| TITLE | VD | ☐ DELETE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | İ | ☐ Change ☐ Addition |
| NAME CIRET ADOREC | GOLDBERG, LOUIS | | 4.2 NA | | | |
| STREET ADDRESS CITY-ST-ZIP | 17050 NE 14 AVE N MIAMI BEACH FL | | | 4.3 STREET AD 4.4 CITY-ST-7 | | |
| TITLE | 14 MIAMI BEAUTI FL | ☐ DELETE | | | - ZIP | Change Addition : |
| NAME | | | 5.2 NA | | | Crisings Audulion i |
| STREET ADDRESS | • • | | | | UDDRESS . | |
| CITY-ST-ZIP | | | 1 | 5.4 CITY-ST- | | |
| TITLE | | DELETE | | | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NA | ME | Ī | · • — |
| STREET ADDRESS | | | 6.3 STF | EET A | DDRESS | |
| CITY-ST-ZIP | | | 6.4 CIT | Y-\$T- | - ZIP | |
| 14. I hazabi a | netify that the information aurentia | d with this filiag done $\sigma = 1 - \cdots - 1$ | f. for the com | | | 1- 0 |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 If chapter of the receiver or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE:

4111

MITCHELL J ARKUSH

4-12-90

(305)949-0047

CR2E037 (10/9